## EXHIBIT W

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#19597

Southern District of New York Poliphi Corporation et al. Claims Processing of Kurtzman Carton Constitutate LLC, 2335 Alaska Avenue BI Segmado, California 90245  Debtor against which claim is asserted: Debtor against which claim is asserted: Debtor against which claim is asserted: Debtor prior to the commencement of the case. This Administrative Expesso Claim Request form as to the sease state of the theory of the commencement of the case. This Administrative Expesso Claim Request form as the least solidy in Carton Society of the Carton Request form as the least solidy in Carton Society of the Carton Request form as the least solidy in the least provided to the Debtors prior to the commencement of the case pursuant to 11 SSAC 5803.  Names of Creditor (The pursuan or other smith to whom the debtor owns money or property) Alla Averbukh Name and Address Where Nodices Should be Seat The Kuhlman Law Firm, LLC 1100 Main Street, Suite 2550  Karneag, Co. 157, Mo. 64105  ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES  DEBTOR.  ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES  DEBTOR.  ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES  DEBTOR.  Cock have if this dailad all profession and asserting to you claim. Attach in the same approximate property of the commencement of the case pursuant to 11 SSAC 581114(a) Wages, sabries, and compensation (Fill out below)  Commencement of the commencemen	United States Bankrupte		Administrative		
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KARSAS CITY, MO 64105 Telephone NO.  816-799-0330  Cleck here if this claim   replaces   replaces   representation   represent			<ul> <li>Check box if the address differs</li> </ul>		
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BASIS FOR CLAIM   Goods sold					
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other (Describe briefly)  2. DATE DEBT WAS INCURRED April 7, 2007  3. IF COURT JUDGMENT, DATE OBTAINED:  4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$				led claim, dated:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$1,500,000.00 _  D Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.  5. Brief Description of Claim (attach any additional information):  Damages for injuries and wrongful death of Boris Averbukh.  6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.  7. SUPPORTING DOCUMENTS: Attach corpies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  Any attachment must be 8-1/2" by 11".  8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach every of power of attorney, if any).	Goods sold Services performed Money loaned Personal injury/wrongful death Taxes  Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your social security number Unpaid compensation for services performed from to				
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